

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. P 004 / 005 007

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Richard Ferguson
Hairdresser/Cosmetician Applicant

Petition No. 900427-20-006

PRELICENSURE AGREEMENT

WHEREAS, Richard Ferguson, of Westport, Connecticut, has made application to the the Department of Health Services to be licensed as a hairdresser and cosmetician pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and

WHEREAS, Richard Ferguson, hereinafter referred to as the Respondent, hereby admits as follows:

1. He was formerly licensed as a hairdresser and cosmetician by the Department of Health Services.
2. His license lapsed.
3. He continued to practice, without a license.
4. He has a history of cocaine abuse.
5. By his actions described in paragraphs 3 and 4. above, he has committed acts which do not conform to the accepted standards of hairdressers and cosmeticians and he is subject to denial of licensure by the Department of Health Services under §19a-14 of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, Richard Ferguson hereby stipulates and agrees to the following:

1. That he waives his right to a hearing on the merits of this matter.

2. That when he satisfies the requirements for licensure as a hairdresser and cosmetician as set forth in Connecticut General Statutes §20-252 and/or §20-252a and/or §20-254, he shall be granted a hairdresser and cosmetician license. Said license shall be modified as below.
3. That this Prelicensure Agreement shall be effective when accepted and approved by a duly appointed agent of the Department of Health Services.
4. That he is assessed a \$250.00 penalty for failing to comply with the provisions of Section 20-263 of the Connecticut General Statutes. Said penalty shall be paid to:

Treasurer, State of Connecticut
Department of Health Services
Public Health Hearing Office
150 Washington Street
Hartford, Connecticut 06106

A certified check for this amount shall accompany this Prelicensure Agreement upon execution by the Respondent.

5. That his license shall be suspended for one year.
6. That said suspension shall be stayed immediately, and he shall be on probation for one (1) year under the following terms and conditions:
 - a. All present and future employers shall be informed of this Prelicensure Agreement.
 - b. During the one (1) year probationary period, he shall at his own expense consult a therapist on a monthly basis (or more frequently in the discretion of said therapist) for purposes of assessing the Respondent's mental health. Said counselor shall be licensed or certified by either the State of Connecticut or the State of New York and shall agree in writing in advance, to provide the reports required under this Prelicensure Agreement.

- c. He shall be responsible for the provision of quarterly reports from his therapist, due on the last day of each quarter for the duration of the probationary period.
- d. He shall be responsible for providing random urine and/or blood screens for controlled substances and alcohol at the discretion of his therapist. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. He shall be responsible for notifying the laboratory and therapist of any drug(s) he takes. There must be at least one such controlled substance and alcohol screen monthly for the one year probation. Said reports shall be negative for controlled substances and alcohol.
- e. Said reports cited in 6.c. above shall include documentation of dates of treatment, an evaluation of his progress and controlled substance-free and alcohol-free status, and copies of all laboratory reports. Said reports shall be submitted to:

Lynne A. Hurley, Investigator
Department of Health Services
Public Health Hearing Office
150 Washington Street
Hartford, CT. 06016
- f. He shall provide a copy of this Prelicensure Agreement to his therapist.
- g. That he shall not obtain for personal use and/or abuse any controlled substance that has not been prescribed for a legitimate purpose, nor shall he consume any alcohol.
- h. The Respondent hereby assumes full responsibility for the timely filing of the reports referred to above.

1. That said one (1) year probationary period shall become effective when the Respondent resumes the practice of hairdressing and cosmetology in Connecticut.
7. Any report filed under this Prelicensure Agreement above that indicates, directly or indirectly, that the Respondent is unable to practice hairdressing and cosmetology with reasonable skill and safety or within the accepted standards of the hairdressing and cosmetology profession shall constitute a deviation from the terms of probation and shall result in the right of the Board to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against his hairdressing and cosmetology license. Any extension of time or grace period for reporting shall not be a waiver or preclude the Department of Health Services or the Board's right to take action at a later time. The Board shall not be required to grant future extensions of time or grace periods. Notice of revocation or other disciplinary action shall be sent to his address of record (most current address reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department of Health Services).
8. That he understands that this Prelicensure Agreement may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians, (1) in which his compliance with this same agreement is at issue, or (2) in which his compliance with §20-263 of the General Statutes of Connecticut, as amended, is at issue.

9. That this Prelicensure Agreement and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said agreement is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive him of any rights that he may have under the laws of the State of Connecticut or of the United States.
10. This Prelicensure Agreement is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department of Health Services at any time prior to its being executed by the last signatory.
11. That he has consulted with an attorney prior to signing this document.

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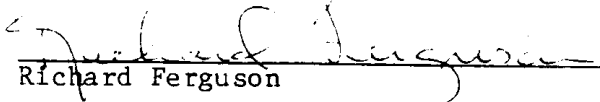
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I, Richard Ferguson, have read the above Prelicensure Agreement, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Agreement to be my free act and deed.


Richard Ferguson

Subscribed and sworn to before me this 28th day of May 1991.


Notary Public or person authorized
by law to administer an oath or
affirmation

The above Prelicensure Agreement having been presented to the duly appointed agent of the Commissioner of Health Services on the 24th day of July 1991, it is hereby ordered and accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

EMS:pf
6260Q/34-39
5/91



024372

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES

Rec'd
2-4-93
JB

3 February 1993

Richard Ferguson
12 A Cross HWY
Westport, CT 06880

Julie:
R. L. Furem

Re: Petition No. 900427-20-006

H/C
Dear Mr. Ferguson:

I am writing to inform you that you have completed the terms of your Consent Order, dated July 24, 1991.

This letter serves to confirm that you have completed all the Stipulations of said Consent Order and that the terms of your probation are completed. Notice will be provided to our Licensure and Renewal Section to remove any restrictions on your license.

I hope this information is helpful to you. If you have any questions regarding this matter, please don't hesitate to contact me at the number listed below.

Very truly yours,

Lynne A. Hurley
Investigator
Public Health Hearing Office

LAH:pf
7833Q/4
2/93

cc: David J. Pavis, Chief, PHHO
John Boccaccio, Chief, L&R
Joseph Gillen, Chief, APEX



STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

DIVISION OF MEDICAL QUALITY ASSURANCE

SEPTEMBER 11, 1991

RICHARD A FERGUSON
111 S COMPO ROAD
WESTPORT, CT 06880

DEAR MR FERGUSON:

This is to inform you that your hairdressing/cosmetology license number 024072 has been reinstated effective the date of this letter. Therefore, you are considered licensed as of this date and may use this letter until you receive your formal license.

A validated IBM registration card for the remainder of the current renewal period expiring on the last day of your month of birth will follow, which you should sign and keep. The serial number appearing on this card is your permanent license number. Please refer to it if you have occasion to write this office.

ANNUAL RENEWAL REQUIRED WITH DEPARTMENT OF HEALTH SERVICES

Renewal of your hairdressing/cosmetology license is required, by law, annually during the month of your birth. The renewal fee is five dollars (\$5.00). The fee is required whether or not you are located in Connecticut. An IBM application will be sent you a month prior to the renewal date.

If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application to the Connecticut Department of Health Services.

CHANGE OF ADDRESS

State law requires you to notify this office within thirty (30) days of ANY change of address whether in or out of this State. This is most important as it is the only means we have of ascertaining your whereabouts and keeping our records up to date. It is important in case of inquiry for verification of your license.

Respectfully,

A handwritten signature in black ink, appearing to read "Joseph J. Gillen".

Joseph J. Gillen, Section Chief
Applications, Examinations and Licensure

JJG/bjh
(0737)

(203) 566-1042

Phone:
150 Washington Street - Hartford, Connecticut 06106
An Equal Opportunity Employer